

OFFICE OF THE INSPECTOR GENERAL

DMHMRSAS

SNAPSHOT INSPECTION

EASTERN STATE HOSPITAL

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INSPECTOR GENERAL

OIG REPORT # 46-O1

EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at Eastern State Hospital in Williamsburg, Virginia during July 9 – 10, 2001. The purpose of this brief unannounced visit was to review the status of the facility in three areas pertinent to basic quality of care issues: the general condition of the facility, the activities of the patients and staffing patterns. The team of reviewers consisted of two members of the OIG staff and two consultants.

Overall, the facility was noted to be clean and comfortable with evidence of efforts to make the environment appear less institutional. The facility was undergoing an asbestos abatement project, which had resulted in patients typically housed in the Admissions Units being divided between two buildings. Patients identified with a chronic chemical dependency problem were moved to Building 28, where they could participate in psychosocial programming with a recovery track.

These temporary housing arrangements presented challenges to the staff. Staff indicated that the project has created a “crunch” in available space making the accomplishment of routine tasks difficult. In addition, the composition of the units comprised several patients with high-risk behaviors for danger to themselves and others. Even though the temporary status of this situation was acknowledged, staff expressed feelings of finding it increasingly difficult to cope with the combination of factors. This facility continues to develop and implement an extensive psychosocial program. There are a wide array of groups, both process and educational, vocational and other independent living training workshops, and individualized rehabilitative experiences available to participants.

Eastern State hospital has been experiencing recruitment and retention problems among nursing staff for a number of years and administration has targeted a variety of explanations and solutions to ameliorate the situation. During the inspection, the team noted that the units toured had staffing patterns consistent with the expectations of the Department of Mental Health, Mental Retardation and Substance Abuse Services.

The majority of staff interviewed identified feeling increasingly frustrated and unfairly treated due to the persistent use of mandatory overtime. Many explained that they felt particularly challenged at this time because of the behavioral difficulties of several of the current patients.

Overall, there are several significant issues presenting on-going challenges to this facility. Most significant among these is the difficulty in recruiting and maintaining an adequate workforce so that staff fatigue associated with overtime and challenging patients can be minimized.

Facility:	Eastern State Hospital Williamsburg, Virginia
Type of Inspection:	Unannounced Snapshot
Date:	July 9-10, 2001
Reviewers:	Cathy Hill, M.Ed. Heather Glissman, B.A. Laura Stewart, LCSW Linda Bugg, Consumer Consultant
Purpose of the Inspection:	To obtain information regarding the general condition of the facility,

staffing patterns and activities of the patients.

Sources of Information:
staff and patients. Random

Interviews were conducted with a variety of

record review occurred.

Areas of Review:

Section One/General Conditions.

Section Two/Patient Activities and Active
Treatment.

Section Three/ Staffing Patterns.

SECTION ONE

GENERAL CONDITIONS

Finding 1.1: Overall the physical environment appears clean and comfortable, with evidence that effort has been made to decrease the institutional appearance.

Background: The review team toured various units in the admission buildings, the psychosocial programs, and some of the grounds. Maintenance of the grounds and physical plant appears to be well tended. Residential quarters in the primary admission building were clean and reasonably comfortable, with space available for patients to relax and meet in small groups. During the visit, the facility was in the midst of a significant asbestos removal project, and there was clearly an impact on regular daily activities. However, staff seemed to be taking these inconveniences in stride, and were working together to accommodate patient activities, and clinical meetings, with as little disruption as possible. By contrast, the buildings that contain the psychosocial programs are appropriately designed and appointed. Observing the flow of patients and staff between scheduled activities left the impression of a community college during class change, especially in Building 14. The newer psychosocial program, in a locked building due to the higher acuity of its program participants also appears to have a comfortable therapeutic environment and provides a number of smaller, low stimulation rooms which are appropriate for this population.

Recommendation: Continue to promote this non-institutional atmosphere and comfort as much as possible.

Finding 1.2: The temporary quarters of the admission unit, in Building 28, are dated and not well arranged for patient treatment.

Background: As noted, in order to facilitate the asbestos removal from the primary admission unit, the administration decided to relocate two units of patients into Building 28, which had been renovated with a goal of implementing a transitional residential program in the future. One male and one female unit, with a total of 31 patients were relocated into Building 28 on May 23, 2001 and these units are expected to be returned to the primary admission building in September 2001. The team was informed that the units selected to be housed in Building 28 were comprised mainly of patients with issues related to chronic substance dependence that would be focusing on recovery during the hospital stay. Lengths of stay on this unit were estimated to average 17-21 days, but could certainly be longer based on the clinical and discharge placement needs.

This building does not seem well suited for patient treatment. The common area is used for group and educational therapy sessions but is more conducive to socializing because of its large open day room space. . It would be difficult to foster the attention and participation of patients in this cavernous space. Furthermore, the smaller conference rooms, which could be used for treatment activities or family visits/counseling are inaccessible for these purposes because of their location at the far end of each of the residential wings.

There were additional space concerns regarding the nurse's station, patient rooms and the bathrooms. The nursing station, centrally positioned, is cramped, and the social worker offices are also small and cramped. Bathrooms are dark with constantly dripping faucets. The patient rooms are dark and small giving a very institutional appearance. It is recognized that this is a temporary solution to a necessary upgrade in Building 2.

Recommendation: Consider using other rooms within this building for group, individual and family counseling sessions.

SECTION TWO

PATIENT ACTIVITY AND ACTIVE TREATMENT

Finding 2.1: Eastern State Hospital has developed and implemented a model active treatment program, which continues to evolve and include more patients.

Background: This facility has done a fine job in undertaking an impressive array of activities within its psychosocial rehabilitation (PSR) program. The average daily census for this program is 234 patients, the majority of whom are served in two buildings, which are designed to promote independence and autonomy. The PSR program offers a wide

array of groups, both therapeutic and educational. Offerings include vocational and independent living training workshops as well as individualized rehabilitative experiences. Staff was observed to treat patients with dignity and respect, as well as with a spirit of camaraderie and enthusiasm. Patients generally appear relaxed and engaged in their respective activities and those spoken to comment favorably about the program. The facility has implemented a less demanding program within the past year to increase the participation of less stable patients. This also has increased the involvement of more acute and geriatric patients who require greater security and coaching.

Recommendation: Continue to provide this broad array of active treatment services to patients hospitalized at this facility.

Finding 2.2: The facility is considering opening a transitional living program, to be housed in Building 28.

Background: During this visit, the review team was informed by a number of staff about a plan to initiate a transitional residential program, which will be located in Building 28. The target population will be individuals who are preparing to resume community living after a successful completion of treatment at the hospital and psychosocial program. It is envisioned that these individuals will have achieved a significant level of independent functioning, therefore requiring minimal staff assistance, and would essentially remain at the hospital for residential purposes and limited support. This program would serve as a step down of sorts, providing a bridge between institutional and community care. Staff is enthusiastic about the potential that a service such as this could provide to patients, especially to some of those who have had repeat hospitalizations or difficulty adjusting to community living.

The program, as designed, raises questions about liability regarding providing primarily housing issues for patients who are otherwise integrated into the community services. Licensing and regulatory rules regarding treatment for patients in transition will need to be identified and addressed prior to the onset of this program.

Recommendation: Facility administration must review this plan carefully with the Central Office prior to implementation to determine the legalities, outcome goals and regulatory requirements.

Finding 2.3: Records reviewed reflected good documentation of appropriate treatment and patient activity.

Background: Random review of 10 records for patients in different levels of care evidenced good documentation practices. Assessments, treatment plans and regular reviews were clearly evident and linked in content and process. Physician and staff progress notes were labeled and consistently reflected the course of and rationale for clinical treatment. Psychosocial activities were and progress toward goals was noted at regular intervals.

Recommendation: Maintain current practices for clinical treatment documentation.

SECTION THREE

STAFFING PATTERNS

Finding 3.1: This facility ensures that there are adequate numbers of staff present on each of the units.

Background: During the visit, the team was assured that the hospital maintains a basic complement of direct care staff for all shifts on all units. On the admission unit housed in Building 28 there were 2 RN's, 2 LPN's, and 5 DSA's present for 31 patients. While the unit anticipated needing 1 LPN and 2 DSA staff for later shifts, there was no question that these needs would be filled through mandatory overtime practices.

Recommendation: Maintain staffing levels as needed for effective patient care.

Finding 3.2: Staffing shortages are critical for nursing.

Background: Eastern State hospital has been experiencing recruitment and retention problems among nursing staff for a number of years and administration has targeted a variety of solutions to ameliorate the situation. However, it was evident from the tour and staff interviews on the two days of the inspection, that while sufficient numbers of staff were present on the admission units, that the morale, fatigue and frustration of direct care staff is at a critical stage. This was mainly apparent in Building 28, where staff openly discuss feeling burned out, overworked, and unsupported by administration. The crux of the dissatisfaction seemed to have to do with high levels of mandatory overtime, charges of favoritism for some staff, and the sense that there was no equitable system in place for outlining and managing overtime. Six staff mentioned feeling "cut off" from the main admission unit, especially since they believe that they have a number of unstable and potentially dangerous patients, in spite of the original plan to house less acute patients in Building 28. Reportedly, there were two patient attacks on staff within

the past 5 days, use of the seclusion rooms is routine, and there is a high injury rate for staff. Interestingly, most staff spoke favorably of their job duties, salaries and the benefits available. The concerns expressed centered on a lack of consistency, and poor administrative support and planning.

Recommendation 3.2A: There should be a review of current policies and practices for managing overtime to assure equity among staff.

Recommendation 3.2B: Any new practices developed should be done with formalized staff input.